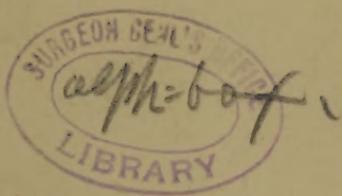
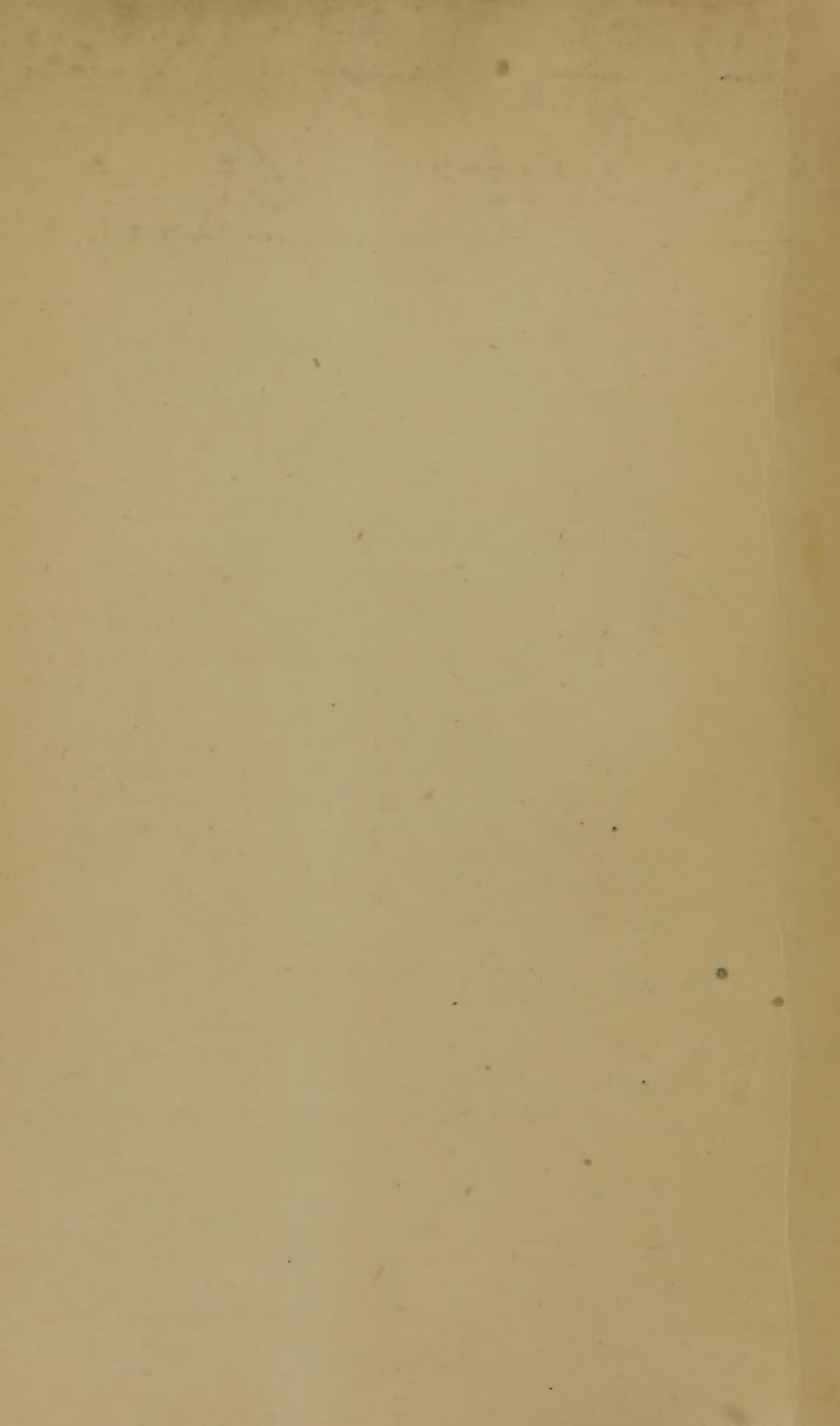


Wood (Orson)

Case of complete laceration  
of the perinaeum \*\*\* \*\*





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## CASE OF COMPLETE LACERATION OF THE PERINÆUM.

*Successfully operated on by Orson Wood, M. D., and read by him  
before the Tolland County Medical Society, at their annual meeting  
in April, 1858.*

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Nov. 12th, 1857, I was called upon to visit Mrs. E., a stout, fleshy, robust woman, aged 25 years. She informed me that six weeks previously she gave birth to a child, (her first) and that at the time of its birth she was "torn open," and ever since that time she had no control over her bowels, to retain either foecal matter or wind; that the womb threatened to protrude externally if she exerted herself when in an erect position. She wished to know if anything could be done to relieve her of her miserable condition. Her attending physician had left her, telling her, "it would grow up in time."

On examination, I found the perineum completely lacerated to the anus, and the external sphincter ani muscle so nearly torn through as to be of little or no use in constricting the anal orifice. I told her that it would never heal up of itself; that nothing short of a tedious operation would relieve her of her miserable condition, and that she must make up her mind either to submit to the operation, or go through life in her present condition, with the additional trouble of having her womb come down externally if she used much laborious exercise.

After explaining to her the nature and extent of the operation I proposed, at the same time encouraging her with the prospect of a perfect cure, she was anxious to have it performed. I advised her to have the operation postponed until after the third month from the birth of the child, so that the parts shall have recovered themselves to be capable of undergoing the necessary denudation, and be sufficiently strong to hold the sutures.

Dec. 25th, 12 weeks and five days from the birth of her child, I was informed that she was ready for the operation, and accordingly proceeded to do it. The bowels having by a laxative and enema been

previously emptied, she was seated upon a table and put under the influence of chloroform. She was then placed in the same position as for lithotomy, and the bladder emptied. While an assistant seized one of the labia so as to make it tense, I made two parallel incisions with a scalpel  $\frac{3}{4}$  of an inch apart, and equal to the fissure in length, through the skin into the cellular substance, the inner incision passing along the inner edge of the fissure. The next step was to dissect up the skin between these incisions, so as to make a raw surface of at least  $\frac{3}{4}$  of an inch wide. A similar operation was next performed on the opposite side. Next, the mucous membrane of the recto-vaginal septum was carefully pared away. The denudation was now made perfect throughout the whole extent of the fissure. Not the smallest remnant of skin or membrane was left on the parts intended to be united.

This part of the operation being completed, the next step was, with fore-finger of the left hand in the anus for a guide, to introduce a blunt pointed bistoury into its margin, and then with a firm and quick incision I carried the bistoury outward and backward towards the os coccygis, making the incision about two inches in length, and deep enough to divide the skin, subcutaneous areolar tissue, and the sphincter ani muscle. A similar incision was next made on the opposite side so that the sphincter ani muscle was completely divided on both sides of the anus, which incisions were in the form of the letter V.

I next proceeded to insert the quilled sutures. With the thumb and finger grasping firmly the left denuded surface, a strong needle armed with a double thread of stout twine, well waxed, was plunged through the skin and subjacent tissue, an inch external to the pared surface, and thrust downwards and inwards beneath it, until its point reappeared on the inner edge of that surface ; it was then introduced at the corresponding margin of the denuded space of the opposite side, and made to traverse beneath it in a direction upwards and outwards, until it escaped at a point equidistant from the external margin with that at which it entered on the left side. Two quilled sutures were thus introduced, the first one was passed as near the rectum as possible without injuring it. A quill was then introduced through the loops of the twine on the left side, and on the right side the ligatures were cut from the needles, parted, and tied over the quill on that side, after having drawn the parts firmly together. The quills used were pieces of gum elastic catheter, which answered the purpose well. To bring together the outer margins along the line of the skin, I inserted interrupted sutures superficially. The parts were then well cleansed by

sponging with cold water, and lint soaked in the same was applied over the wound, and over this a napkin, kept in place by a T bandage. The patient was then laid in bed on her side, her knees tied together, and her limbs flexed. She now asked me when I was going to begin the operation. She had been entirely unconscious of its performance.

Two grs. of opium were now given, and gr. 1, to be taken every 4 hours. The parts to be kept constantly wet with cold water.

Dec. 26th. Visited her early this morning. She had a restless night—vomited twice. Passed catheter and drew off the water. Diet, arrow root; allowed to drink cold water, and to hold ice in the mouth. Was sent for this afternoon. She had vomited severely, so as to strain on the stitches. Morphia, with Plumbi Acetas for the Opium. Dried herring and crackers for food. Urine again drawn off. In doing this, the greatest caution was used to prevent any water from dribbling into the wound or vagina. Owing to the position she was necessarily kept in—on her side—the catheter had to be passed from behind. She was expressly charged not to let any urine be discharged except by the catheter. The quantity of water drawn off in the morning was a pint; in the evening about half a pint.

27th, morning. Found she had a comfortable night; no vomiting since commencing with the Morphia and herring. On passing the catheter this morning, a little bloody muco-purulent matter came through the instrument, but no urine. She had no desire to pass any. I syringed a little warm water into the bladder to rinse it out three times, the last time the water returned clear. I now learned for the first time that she had had several times since her confinement thick bloody matter pass from her bladder, and but a short time, too, previous to the operation. The meatus and urethra were very sensitive. Perineum oedematus; continue morphia and lead; cold water unremittingly. Evening. Patient feels comfortable. No urine could be obtained, but matter came through the catheter similar to that which passed in the morning. Applied to the meatus lint soaked in a solution of Acet. Plumb.

28th, morning. Slept well last night. Expressed a desire to pass urine; passed catheter; nothing obtained but a teaspoonful of purulent matter—not bloody; begins to complain of uneasy sensations across the hips, back, and lower limb of the right side. Has been turned alternately on each side two or three times daily, though I preferred that she should remain quiet in one position on her side, but this she could not be persuaded to submit to. Wound looks well, as if the parts were uniting; has less appetite; does not wish for any

more herring; pulse good; complains of head feeling bad. She drank some new cider last night, which threatened to move her bowels, and she immediately took 1 gr. of opium, left her to take in case the bowels threatened to move. It quieted them; continued to take the morphia and lead every 4 hours.

Ordered the Pipsissewa and Pumpkin Seeds in decoction, to be drank freely.

29th. Did not see her last evening; had left the catheter with the nurse; instructed her in the use of it, with directions for her to pass it should the patient express a desire to void her urine. She had tried two or three times without obtaining any. There appeared now to be an accumulation of water in the bladder, considerable distention above the pubis, and a strong desire expressed by the patient to pass it; she was uneasy, restless—pulse 100. Both metallic and flexible catheters were passed, warm water syringed into the bladder, which returned through the instrument in a full stream, at first bloody, with mucus. This was repeated until the water returned clear. She thought if I would allow her to do so, she could pass her water by her own efforts. As no urine had been obtained for more than 62 hours, I consented to let her try. Rolling her over partly upon her face, so that the urine could not dribble into the wound, she was allowed to make as much effort as she pleased. After trying awhile without success, she thought she could, if left alone. I left her with the nurse, when she continued further fruitless efforts, until she voluntarily relinquished any further efforts to pass it. I left her about  $\frac{1}{2}$  past 11 A. M. with a flexible catheter remaining in the bladder. Returned at 4 P. M., and was glad to find that a large quantity of water had come away, and the bladder appeared to be emptied, and she was much relieved.

“30th. On my way to visit the patient this morning, I met her husband who requested me to hasten to see his wife as she was in distress. I found her complaining of pain through her hips, extending down her thighs to her knees, and feeling a strong desire to urinate. She said she had passed quarts of water during the night, which she allowed to be passed in a kind of half prone position, to prevent it from coming in contact with the wound. It was received on napkins, which were stained bloody. I questioned her if the catamenia had not returned. She was sure not, for she said there was no bloody discharge except with the water. I passed the catheter and drew off a full pint of water tolerably clear,—rinsed the bladder with water, and also the vagina. Immediately she became easy—pain in hips and limbs gone,

and felt that she could now go to sleep—pulse 100. Removed one of the interrupted sutures. The quilled suture near the anus had, during her restless state, been accidentally pulled upon by her hand so as to stretch and disturb the parts which it held together.

Discontinue the diuretic decoction. Continue morphia and lead—To take 3 or 4 ounces of wine daily.

31st. Found her lying upon her back with her knees bent up. She had been requested to keep on her side, which she had done up to this time, though frequently changing sides by being carefully rolled over in bed, her knees being still kept tied together. Has not passed urine since I drew it off yesterday morning. Nurse had made several attempts to draw it off but failed, and she could not pass it by any effort of her own. I turned her upon her side and drew off a half pint, high colored, but not bloody. A little purulent matter was lodged between the vulva before the meatus. Removed the remaining interrupted sutures. Continue morphia without the lead. Spts. Nitre to be taken.

Continued to do well till discharged on the 25th.

25th. The hole through the perineum is nearly closed. She would not submit to have the caustic applied again. Applied the acetum cantharis again. Direct her to use it every third day until it closed up, which it did in a few days after this.

She expressed herself highly pleased with the cure, and says her recovery is perfect in every respect.

#### REMARKS.

Had I known the unsound condition of the urethra and bladder at the time of the operation, I should have proposed to delay it, until the parts become sound. It caused much trouble in the after treatment, endangering the union of the wound. I deemed it essential to prevent any urine passing to the wound, as it would if it got between the cut surfaces most likely have prevented their union. Brown says “it is of great importance to draw off the urine every four or six hours for three or four, or more, days after the operation.” In this case it could not be attended to so often. The distance (3 miles) I resided from the patient, made it impossible for me to attend to it so often, and the nurse, who was instructed to do it, did not succeed, owing in a great measure to the diseased and sensitive condition of the urethra, and the unfavorable position in which the patient had to lie.

The constant application of cold water dressing was very agreeable to the sensations of the patient, and she often called for their renewal.

It will be perceived from the history of this case, that special attention was paid to keep the bowels constipated until the parts had become so firmly united as to prevent their being torn apart by the passage of foecal matter. From inattention to this important point, and allowing discharges from the bowels too soon after the operation, disruption of the union of the parts has been caused, and the whole benefit of the operation frustrated. In this case they were not allowed to be moved until the 14th day after the operation; and even then, she felt a sensation of tearing in the wound, on the passing of some hardened feces, but I think it did no essential injury, as the union was now pretty firm throughout the whole extent of the wound, except the small opening near the rectum.

Whether the small opening was caused by the accidental pulling or "catching (as the patient expressed it,) with her hand" upon the lower end of one of the quills, or from the great difficulty of making that part of the fissure unite by the first intention, I am unable to say. This accident happened during the restless night that she discharged so great a quantity of water in the bed upon napkins which, as mentioned in the history of the case, were much stained with blood, and was the fifth night after the operation. It may well be supposed that some of the urine did come in contact with the wound, and was insinuated between the lips of that part which she disturbed so as to prevent or break up the union of it. In examining the parts, next morning after the accident, the end of the quill near the onus was pulled up from the bed in which it had lain, the deep suture in that place appeared to have been disturbed, and a little purulent matter appeared at that part of the wound. I am the more particular in stating these facts because the manner in which this operation was performed has, according the statement of Brown, most generally in his hands, (though not in every instance,) resulted in a perfect union of the entire perineum by the first intention. When there has been a failure with him it always has been at the place it was in this case.

#### DIVISION OF THE SPHINCTER MUSCLE.

It may, perhaps, be asked, why I divided the sphincter ani muscle, on either side from the anus toward the coccyx? I will not here go into a lengthy discussion on this point. A few facts stated will, I hope, make the reason obvious. From the uncertain, and most frequently, unsuccessful results of the operations heretofore devised, the opinion of surgeons in England has, until quite recently, been to aban-

don these cases to the operations of nature, to narrow the parts as best it might, which has generally left the unfortunate subjects of it to pass through life, in cases where the laceration was complete, in a very miserable condition, which can well be imagined, but which I will not now take time to describe.

Dr. Robert Barnes says, "I believe that no amount of skill and precaution will justify the surgeon in the majority of cases, in looking for perfect union by means of any of the sutures in common use. He claims to have succeeded in one case by means of the lead suture invented by Mr. Brooke. Mr. Ferguson succeeded (in 1850) in one case with the interrupted sutures, and by adopting Dieffenbach's plan in making parallel incisions in the long diameter of the perineum, and filling them with dry lint. In his second case, he succeeded but partially.

To say nothing of Hilton's operation, which he seems to have abandoned, Mr. Lungenbeck, in three cases reported, succeeded in making complete union in one case by the first intention, and in two cases the central portion of one was open four or five lines in length with suppuration; and the other, the wound about half an inch posteriorly. These were eventually closed by granulations. In his operations, flaps were dissected up, and Dieffenbach's incisions made.

In the case which I have reported, the operation was performed in the manner recommended by Brown in his recent work on Surgical Diseases of Women. He there strongly advises the division of the sphincter muscle; and his cases, of which he has had many, have mostly resulted in complete union by the first intention. Some few cases have partially failed, by a small opening near the rectum, as mine did. In one case where he divided the sphincter only on one side, it partly failed. He afterward divided it on the other side and it succeeded.

By freely dividing this muscle, the parts are relaxed, which allows the sides of the fissure in front of the anus to be more easily approximated, and prevents them from being drawn apart by its traction.

I am aware that Horner\* failed entirely to secure a union of the parts in which he operated on in 1848, although he divided the sphincter ani muscle. But he used only the interrupted sutures. He says "the operation was a failure, though the bowels had been kept unopened for many days." He says nothing about the urine. If that was

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\* Am. Journ. Med. Sciences, No. XL., page 329, New Series.

permitted to come in contact with the wound, it would, most likely, have prevented a union of the parts.

If the operation is well performed in every respect according to Brown's method, and strict attention paid to the after treatment as recommended by him, a perfect union of the parts may be effected, I believe, in every case, even of the longest standing, provided no untoward accident happens to the patient, to prevent it. Cases are reported by Brown of ten, fifteen, and more years standing, in which he made perfect cures. Any small opening that may be left after the union of the greater part of the fissures, can be healed by granulation, as it was in the case I have related, and the unfortunate subjects of this accident be thus relieved from an otherwise miserable existence.

P. S. It may not be improper to state that the laceration was caused by the neglect, or rather mismanagement, of the attending physician. All that he did in the last expulsive pains, (as I was informed by the mother,) was to use pressure on the abdomen with his hands.



